

ACCESS TO AND SATISFACTION WITH HEALTH CARE FOR FOSTER CHILDREN

RESULTS OF A FOCUS GROUP WITH FOSTER PARENTS

Prepared by:
Jane Griffin, MPH
MCH Evaluation, Inc
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TABLE OF CONTENTS

	<u>Page</u>
I. SUMMARY OF MAJOR FINDINGS	1
II. BACKGROUND	2
III. METHODS	2
IV. RESULTS	4
A. Access to Primary Care	4
B. Access to Specialty Care	8
C. Access to Mental Health Services	10
D. Ideas to Improve System	12
V. LIST OF APPENDICES	
A. Focus Group Questions	13
B. Letter sent to foster parents	14
C. Invitation call to mothers	15
D. Reminder flyer	16
E. Introductory Statement	17

F. Recorder's notes

18

I. SUMMARY OF MAJOR FINDINGS

MCH Evaluation conducted a focus group with eight foster parents residing in Providence to determine if their foster children had adequate access to primary and specialty health care services and if they were satisfied with these services. Major findings include:

- Foster parents have difficulty finding primary and specialty care providers who accept Medicaid.
- Many foster parents use the emergency room for primary care for their foster children because it is convenient and they cannot find providers who will accept Medicaid.
- Access to specialty care (especially mental health services) is a cumbersome and time consuming process. Parents report they are dependent on the foster child's DCYF social worker to arrange for these services. In some cases, the DCYF social workers are not helpful in arranging for specialty care.
- Foster parent's suggestions to improve the system include:
 - Make RIte Care an option for foster children
 - Issue Medicaid Identification cards for foster children
 - Ensure that a child's medical history arrives

when the child is placed

II. **BACKGROUND**

In 1997 the Rhode Island Department of Human Services (DHS) and the Department of Children Youth (DCYF) created a Foster Children Workgroup to determine the needs of foster children in fee-for-service Medicaid. The workgroup determined that a focus group with foster parents was needed to elicit comments on their foster child's health care experience. The major purpose of the focus group was to determine if foster children had access to health care and were satisfied with the health care they received.

III. **METHODS**

MCH Evaluation, Inc., a contractor working with the Center for Child and Family Health, DHS, was asked by the DCYF/DHS Foster Children's Workgroup to conduct a foster parent focus group. MCH Evaluation designed a draft set of questions that addressed access and satisfaction with health care for foster children. These questions were submitted to the Foster Children's Workgroup, to the Center for Child and Family Health staff, and to DCYF staff for review and comment. Revisions were made and a final set of questions was drafted (Appendix 1).

DCYF sent a letter to the 98 foster parents residing in Providence informing them of the focus group (Appendix 2). Sixty-five phone calls

were made to foster parents until fifteen foster parents were reached. Each of the fifteen parents was invited to participate (Appendix 3). One parent was unable to participate due to illness; the remaining foster parents agreed to participate. (Note: The expectation was that 8-10 of these parents would actually attend)

Foster parents were then sent a reminder flyer (Appendix 4). Of the fourteen parents who agreed to participate eight came to the focus group (57.1%). Three of the eight mothers had been foster parents for over twenty years; three had been foster parents for 10-20 years; one had been a foster parent for 5-10 years; and one less than 5 years. The eight mothers who participated had a total of 18 foster children. Their children's ages ranged from 18 months to 13 years.

The focus group was conducted on a Wednesday morning for two hours in June 1998 at a hotel meeting room in Providence. An introductory statement was read (Appendix 5) and a facilitator asked the open-ended questions. The focus group was taped and a recorder took notes (Appendix 6). Mothers were paid \$35 to participate and were reimbursed for babysitting and transportation. At the end of the focus group meeting a DCYF representative and a DHS representative entered the discussion to answer questions from the foster parents. The tape recording of the meeting was transcribed. The transcription was reviewed and quotations were selected to illustrate the foster parents opinions.

IV. RESULTS

A. ACCESS TO PRIMARY CARE

1. **Many health care providers do not accept fee-for-service Medicaid and many foster parents feel a stigma being on Medicaid.**

Foster parents who have been providing foster care for a long time (i.e. those who have been foster parents for over 20 years) have established relationships with Medicaid providers and report they are able to obtain services and do not experience barriers to care or a welfare stigma. However, most foster parents have difficulty finding providers who will accept fee-for-service Medicaid and often face a stigma from providers. As these two mothers shared:

My first child, she got injured while we were at Friendly's and it was an emergency. There was a walk-in emergency room right across the way. They refused to treat her and were very derogatory. She was really nasty. They would not take Medicaid or welfare. And I said, she's not welfare she's a foster child. She said she's still welfare and we do not take people on welfare.

When you get a new foster child it is difficult to find a doctor unless you have an established relationship with one. Sometimes they will tell you they already have their quota and they don't have any more openings. That's what becomes hard. If you have a child for a while and he has doctors, then it's easier for you.

2. The Emergency Room is a primary care site for foster children.

Many foster parent use the emergency room for primary care because it is convenient and they cannot find doctors who will accept Medicaid.

Unfortunately, foster parents use hospital emergency room's for regular treatment because you can't find medical care. You end up bringing them to Hasbro for things that you could probably go to a regular pediatrician for. That's ridiculous. Of course it costs a lot more money that way.

I don't like HMOs because they have to notify your doctor in order to treat you at the emergency room and I don't like that. If my child is sick, I'm turning to the emergency room. That's where they belong not at an HMO. I like it that way. Like I say, all my kids are covered with Medicaid and the places that I take them, they get treated.

3. Foster parents do not know their foster child's medical history.

Many children arrive at their foster home without a medical history and foster parents do not know if the child has any medical problems. Many times this creates confusion and can be life threatening when foster parents are not aware of the child's health conditions or medications. Following are some examples parents cited,

You don't get a medical history on your children. That's really hard when you get a doctor and he asks about allergies. One of my foster boys took a seizure after he was with me for 3-4 weeks. I didn't know until I had to call rescue and he tells me it's a seizure. I didn't even know what a seizure was.

The caseworkers don't tell you the foster child's medical history. When I brought my daughter out of the hospital they said oh, you've been here before and I said no, I've never been here. But she had a record at Hasbro from being there with her parents. I don't need to see the record, but maybe the social worker should be able to see it. I've had her for six years and I still don't know her medical history other than the six years that I've had her.

You're supposed to get a medical history when a child is placed with you. A blue book which is supposed to contain the treatment they are getting. Lots of times there's nothing in it. It's been my experience that if there is anything in the book it is from a previous foster home. The information you get is what the previous foster parent has kept.

4. Foster parents do not receive a Medicaid Identification card for their foster child.

Another barrier to health care was non-receipt of Medicaid ID card. Foster parents only receive a "blue sheet of paper" with the child's name and social security number. They are informed to use this sheet of paper when they need to get medical services. This sheet of paper never gets re-issued and gets worn, tattered, and unreadable. Some providers do not accept this "blue sheet of paper" as proof of being on Medicaid as these accounts show,

My child has lived with me for eight months and I never did receive a Medicaid card. When I go to the doctor the secretary says I can't use the blue slip of paper they gave me. Then I called, I talked to the social worker and still never received a medical card.

You are supposed to use that blue sheet and that's for their medical card. Their social security number is on the bottom and that is what providers are supposed to take. Some people say you need a medical card but when I pursued it I was told I need to call the DCYF hotline and talk to _____. I haven't got a Medicaid card. I've got to use that little blue paper and I understand that they said that we're not going to get those cards anymore. The state is not going to give them to you. You just have to use the blue form.

B. ACCESS TO SPECIALTY MEDICAL CARE

1. Access to specialty care depends on the child's DCYF social worker.

An individual DCYF social worker's judgement determines a child's access to specialty care. Foster parents complained that there was not a consistent policy on authorization of specialty care and it all depended on the child's social worker. All foster parents agreed that waiting for approval for services through the issuance of an '005' was a time consuming and frustrating process. Parents also said it was very difficult to reach social workers if they needed services because they were in court a lot and unable to return calls.

The kind of care you get depends on your social worker. And that's a shame. It should be a consistent department policy. It should be a certain thing for all children and it should be adhered to, but it's not.

Usually, it's a 005 that has to get filled out before you get service. Do you know what an 005 is? It's what the counselors need to get paid with. It takes forever to get one.

2. Specialty providers don't accept Medicaid.

Foster parents noted dental and orthopedic services as specialty services they were unable to obtain.

I had a lot of problems with dental, trying to find a dentist. A dental plan is hard to get and I think that maybe we should be in Rlte Care for stuff because dental care is much easier to get if you are in Rlte Care. It is still difficult if you have children and if you don't have an established relationship with a provider.

I have a problem. I don't know if anyone else has experienced this when you try to get a specialist? My first child needed an orthopedic specialist. She needed to be in a back brace for six months. So you know I can call up University Orthopedics. I got that name from my doctor and made the appointment, showed up for the visit and handed a Medicaid card and they were like, oh no, we don't see Medicaid. So now what do I do with this little girl? I found out there was a clinic for orthopedics. I then took her to the orthopedic clinic at Rhode Island Hospital and who's the doctor who's seeing her? The same doctor at University Orthopedics who wouldn't see her and then told me there was a clinic at RIH for her to be seen at.

C. ACCESS TO MENTAL HEALTH SERVICES

1. Mental health services are fragmented and not accessible to foster children

The major barrier faced by this group of foster parents was access to mental health services. All focus group participants had difficulties obtaining mental health services for their foster children. The authorization for mental health services was difficult and services were fragmented and time limited. This was a burden to foster families because many foster children had severe emotional and behavioral problems when they were placed. Even though DCYF holds classes for foster parents on how to deal with issues such as sexual abuse these classes were offered during the daytime when many foster parents could not attend. Following are examples of the barriers faced by these families in obtaining mental health services,

The caseworker said that she was trying to get an appointment for him (four year old foster son). She kept saying that for three months after I got him. She kept saying that she was trying to get him into a program. Then I said, can I take him somewhere else for a program? She said I have to get mental health services here, at this specific place. So I said OK. But I couldn't wait, so I just kept on calling to get into another program and then they only had him for four weeks. He went to counseling for four weeks and I'm waiting again to find out what they think about him, to see if he has to go back again. He's a little terror. He knows a lot of things and he does a lot of sexual things he shouldn't know about.

You're getting a lot of children in your home that have a lot of excess baggage and have a large requirement for additional services. You're not being told any of it. You discover this baggage on your own, so by the time you can get help for them, the problem is already escalated in their own minds also. They're being dropped out of their homes. They're being put in your home. It's a strange environment. Any problems that they had in their homes are going to get worse in yours in the beginning. You have to have your own initiative when it comes to getting behavior services for your kids. I found that out because if you wait for them, the social workers, your child won't get too far.

I knew she (eight year old foster daughter) needed counseling when she came to my home. I talked to a caseworker and he said no. I said why? When she first came she lived with me for 24 hours and she pooped in her panties every day, all day. She has emotional problems. I went to St. Joseph Hospital and I talked to the social worker at the hospital and I explained everything. She said she needed counseling, but I couldn't get permission from my DCYF social worker. Finally, the St. Joseph social worker called DCYF and got her permission.

These children need to get help with sexual abuse issues. They need to be seen by a specialist, unless you have training yourself. The department does offer training, but unfortunately a lot of the training is during the day and very hard to go to. But you can take advantage of it. They're offering more at night now.

He's just bad. He needs counseling and stuff. He went to counseling one time. I've been waiting around for months for the records to come back from that first counselor to find out if he still needs counseling. I had to call the former caseworker. I need help with this kid because I know there's something wrong with him.

D. IDEAS TO IMPROVE MEDICAL CARE SYSTEM

1. Foster parents would like to have Rlte Care for their children.

Many foster parents want to use an HMO, but cannot because they are still on Medicaid fee-for-service. One HMO no longer accepts foster children because it participates in Rlte Care. Foster parents want to be part of the Rlte Care network. The foster parents who are satisfied with their fee-for-service providers want to keep their same providers if they enrolled in Rlte Care.

I'm a Harvard member through work and they used to take Medicaid before. My daughter is being terminated in August. I called Harvard and they said they no longer take fee-for-service Medicaid because they have so many Rlte Care clients. If I was in Rlte Care I could get her into Harvard.

Put in the Rlte Care system. The services are more readily available in the Rlte Care system. I don't think it's as scattered as the system under Medicaid. I think we would have more services available for our children on a more immediate basis if we were in the Rlte Care system. That, I think that would make a big difference.